



NOVA SCOTIA HEALTH PROMOTION

ANNUAL ACCOUNTABILITY REPORT

FOR THE FISCAL YEAR 2004-2005

TABLE OF CONTENTS

Accountability Statement	2
Message from the Minister	3
Introduction	5
Nova Scotia Health Promotion Progress and Accomplishments:	8
Healthy Eating	8
Healthy Sexuality	9
Physical Activity	10
Tobacco Reduction	15
Injury Prevention	16
Addictions	18
Chronic Disease Prevention	20
Communications and Social Marketing	21
Other Accomplishments	22
Financial Results	25
Measuring Our Performance	27

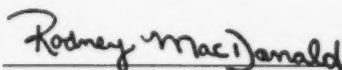
Annual Accountability Report for the Fiscal Year 2004-2005

Nova Scotia Health Promotion

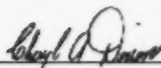
Accountability Statement

The accountability report of Nova Scotia Health Promotion for the year ended March 31, 2005, is prepared pursuant to the Provincial Financial Act and government policy and guidelines. These authorities require the reporting of outcomes against Nova Scotia Health Promotion's business plan information for the fiscal year 2004-2005. The reporting of outcomes necessarily includes estimates, judgements and opinions by the management of Nova Scotia Health Promotion.

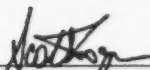
We acknowledge that this accountability report is the responsibility of the management of Nova Scotia Health Promotion. The report is, to the extent possible, a complete and accurate representation of outcomes relative to the goals and priorities set out in Nova Scotia Health Promotion's business plan for the year.



Honourable Rodney MacDonald
Minister of Health Promotion



Cheryl A. Doiron
Chief Executive Officer, Nova Scotia Health Promotion



Scott Logan
Assistant Deputy Minister
Nova Scotia Health Promotion

Message from the Minister of Health Promotion

Nova Scotia Health Promotion has grown considerably in the last year. We have continued to develop and implement new programs aimed at enabling Nova Scotians to become safer, healthier and more physically active. This year we made significant progress on our six key areas: healthy eating, healthy sexuality, physical activity, tobacco reduction, injury prevention, and addiction prevention and in our two over-arching areas: chronic disease prevention and communications and social marketing. Our budget for 2004-2005 was \$18.5 million.

The people I have met and the communities I have visited over the past year all share the same goal - better health for our children, our communities, our province, and ourselves - and a willingness to work together to make this happen. This accountability report highlights our achievements.

Healthy eating efforts focused on the results of the Food and Nutrition in Nova Scotia Schools survey. In response to the survey we worked with the Department of Education and other key partners to develop a comprehensive food and nutrition policy for use in all public schools across Nova Scotia. We are also working with our partners to make breastfeeding the cultural norm for infant nutrition.

Healthy sexuality efforts focused on working with partners to distribute *Sex? A Healthy Sexuality Resource* to youth in Nova Scotia to help youth make safe and healthy choices. The Nova Scotia Roundtable on Youth Sexual Health, with support from Nova Scotia Health Promotion, completed provincial consultations on a Framework for Action for Youth Sexual Health in Nova Scotia.

Our physical activity work provides funding and support to community, regional and provincial physical activity, sport and recreation organizations and groups. We collaborate with partners to develop policy, build infrastructure, provide support and leadership development and increase opportunities for all Nova Scotians to be physically active.

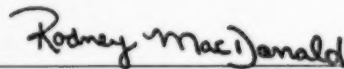
Tobacco reduction efforts are working as smoking rates continue to decline in Nova Scotia. We will stay focused on this issue through support of effective quit-smoking programs, youth prevention activity, and smoke-free policy.

Injury prevention continued to identify existing injury prevention programs and initiatives and worked to build relationships and develop opportunities for future collaboration. Work also began on developing a framework that will support the efficient and effective collection, analysis, interpretation and evaluation of injury-related data that will inform future injury prevention priorities and initiatives. Our work with stakeholders in addressing the priorities outlined in the province's injury prevention strategy also made significant progress this year.

Addiction Services hired a coordinator to oversee the development of a provincial alcohol strategy. A partnership with the Department of Education helped to facilitate a significant update of a curriculum supplement for Health/Personal Development and Relationships for grades 7 - 9. Nova Scotia Health Promotion was represented at a national thematic workshop on research on substance use and abuse in Ottawa in March.

A provincial coordinator for chronic disease prevention was hired to guide and implement our strategic directions. We are working with and funding district health authorities who resource community health boards to create community based projects that reflect our priority areas and enhance health promotion at the local level.

I am proud of our accomplishments to date and we remain committed to reducing barriers and enabling all Nova Scotians to make healthy choices. In the coming year we will continue our work to improve the health of all Nova Scotians.



Honourable Rodney MacDonald
Minister of Health Promotion

INTRODUCTION

This Annual Accountability Report is based on the goals, priorities and performance measures set out in Nova Scotia Health Promotion's Business Plan for the 2004-2005 fiscal year.

The report details key health promotion accomplishments for 2004-2005, financial performance, and health promotion performance measures and outcomes.

Our Vision . . .

Nova Scotians working together to make our province a safe and healthy place in which to live, work and play.

Our Mission . . .

Through leadership, collaboration and capacity-building:

- To strengthen community action and enhance personal skills that promote health and prevent illness and injury
- To create and sustain supportive environments for health improvement and healthy public policy development
- To support reorientation of health and other services to enable population health

Guiding Principles ¹

Nova Scotia Health Promotion (NSHP) has adopted five principles that guide its thinking, planning and actions:

- Integration - requires multi-sectoral, multi-disease and multi-risk factor approaches using a variety of health promotion strategies, including policy development, leadership development, building supportive environments, community action and capacity-building, skill-building, awareness and education, and knowledge development and translation.
- Partnership and Shared Responsibility - requires the collective efforts of all government departments, economic sectors, voluntary agencies and community groups working together toward shared goals.
- Best/Promising Practices - requires consideration of evidence-based approaches, which are grounded in sound scientific knowledge and successful experience.

¹Adapted from the Chronic Disease Prevention Strategy, 2003

- Capacity - focuses on valuing, developing and sustaining individual and community resources, skills, and strengths.
- Accountability - requires consistent and thoughtful monitoring, evaluating and reporting on strategies, programs, activities and outcomes.

Strategic Goals

Through leadership, support, education and promotion, advocacy, research and policy:

- To create an environment in which individuals, communities, organizations and government sectors work together to improve health
- To reduce health disparities
- To improve overall health outcomes.

Core Business Areas

Healthy Eating

Finalizing a provincial healthy eating strategy with partners and supporting initial activities in the identified priority areas, which include breast-feeding education and promotion, food security and promoting healthy food choices in schools.

Healthy Sexuality

Promoting a coordinated population health approach to youth sexual health that meets the needs of Nova Scotian youth.

Physical Activity

Encouraging, establishing, developing, coordinating and implementing sport, recreation and physical activity programs and services across Nova Scotia.

Tobacco Reduction

Implementing a comprehensive tobacco control strategy for Nova Scotia.

Injury Prevention

Providing leadership and ensuring intersectoral collaboration in the ongoing development, implementation, monitoring and evaluation of the Nova Scotia Injury Prevention Strategy.

Addictions

Providing a continuum of care and service spanning health promotion, addiction prevention, intervention and treatment. The focus is on alcohol, other drugs and problem gambling.

In addition to these six core business areas, NSHP also has two overarching areas of emphasis:

Chronic Disease Prevention

With the participation of a broad range of stakeholder organizations, NSHP is leading a coordinated and integrated approach to preventing chronic disease.

Communication and Social Marketing

Supported and led by increasing interest on the part of opinion leaders, the media, stakeholder groups and the public, NSHP strives to increase public awareness and encourage consumer demand for information, policy and programs that promote healthy lifestyles and chronic disease prevention.

NSHP has developed internal capacity in the areas of policy, planning, research and evaluation.

Administrative support and liaison is provided to the core business areas of the Nova Scotia Health Promotion by the following branches/offices in the Department of Health:

- Legal Services
- Legislative Policy
- Health Information Management
- F/P/T Affairs
- Financial Services
- Human Resources

PROGRESS AND ACCOMPLISHMENTS FOR YEAR 2004-05

Core Business Area: Healthy Eating

Priority	Nova Scotia Health Promotion Accomplishments
Healthy Eating Strategy: In collaboration with the Nova Scotia Alliance for Healthy Eating and Physical Activity, validate the provincial healthy eating strategy and lead the development of an implementation plan.	Released the <i>Healthy Eating Nova Scotia Strategy</i> in March 2005. Developed by the Healthy Eating Action Group of the Alliance for Healthy Eating and Physical Activity, Health Promotion has the lead role in implementing this strategy. Its purpose is to promote an increase in the initiation and duration of breast feeding, increase the consumption of fruits and vegetables, promote healthy and affordable food choices for children and youth, and increase the availability and affordability of healthy food for all Nova Scotians.
Breast-feeding: Support the district health authorities in their implementation of the "infant feeding/nutrition and growth monitoring" provincial postnatal guideline (Healthy Babies, Healthy Families), through the development of standardized infant feeding assessment tools and family-centered care plans.	Contracted the development of the infant feeding assessment tool to the Reproductive Care Program of Nova Scotia (RCPNS) and developed a draft tool. Through the Provincial Breast Feeding and Baby Friendly Initiative (BFI) Committee, Health Promotion and the Department of Health circulated questionnaires to the district health authorities to assess their support requirements in order to protect, promote, and support breast feeding and the BFI in the hospital and community settings in Nova Scotia.
Increasing Access to Affordable Healthy Food (Food Security) ² : Work collaboratively with key stakeholders to address the recommendations of the food security research initiatives (AHPRC ³ , NS Nutrition Council, CAPC/CPNP ⁴ family resource centres) to increase the accessibility and affordability of healthy food choices for Nova Scotians.	Funded the Atlantic Health Promotion Research Centre, in collaboration with the Nova Scotia Nutrition Council, to develop a "Building the Case" document for food security in Nova Scotia. Funded the development of a policy lens for food security and a sustainable food costing model for Nova Scotia.

²Food security exists when all people at all times can acquire safe, nutritionally adequate and personally acceptable foods that are accessible in a manner maintaining human dignity. (Canadian Dietetic Association, 1991)

³Atlantic Health Promotion Research Centre

⁴Canadian Action Program for Children / Canadian Prenatal Nutrition Program

Priority	Nova Scotia Health Promotion Accomplishments
Healthy Food Choices in School Communities: Work collaboratively with government and non-government partners to increase the availability and affordability of healthy food choices in school communities across Nova Scotia.	Led by the Department of Education and NSHP, and including the Department of Agriculture and Fisheries, the Provincial School Food and Nutrition Policy Working Group was established in September 2004 for the 2004-05 school year. The group developed a comprehensive, province-wide school food and nutrition policy for grades primary through twelve. The policy covers foods suitable to serve and sell in school cafeterias, vending machines, school canteens, and fund-raising, as well as nutrition curriculum and time to eat. Presented the concept of healthy eating initiatives in schools as part of the Healthy Active Learners theme for consideration at the Education Partners' Forum in February 2005 and to other groups including the Nova Scotia School Boards Association.

Core Business Area: Healthy Sexuality

Priority	Nova Scotia Health Promotion Accomplishments
Youth Health Centres: In collaboration with the Children and Youth Action Committee, ensure the availability, sustainability and quality of youth health centre services to youth across Nova Scotia.	Developed system standards for youth health centres (YHCs) in Nova Scotia through a process that involved key stakeholders' engagement. These standards will support the delivery of safe, confidential and timely services to youth in many Nova Scotian communities.
Sexual Health for Youth: In collaboration with a wide range of stakeholders, promote a coordinated population health approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia.	The Roundtable on Youth Sexual Health— a consortium already in place—identified the key elements of a strategy to promote youth sexual health: leadership, community awareness and supports, and services for youth, parents, and professionals. The Roundtable completed provincial consultations on a Framework for Youth Sexual Health in Nova Scotia and completed a draft Framework for Action document.

Core Business Area: Physical Activity

Priority	Nova Scotia Health Promotion Accomplishments
Active Kids/Healthy Kids: Expand the reach of the <i>Active Kids/Healthy Kids</i> (AK/HK) Strategy and promote increased participation in sport, recreation and physical activity by children and youth.	Continued implementation of the <i>Active Kids/Healthy Kids Strategy</i> with the following activities: Funded six regional action groups with a total of \$300,000 in the third year of the AK/HK Strategy for the implementation of six regional action plans involving sport and recreation groups working with health, education and other sectors to provide new programs and services to increase activity levels. Continued to provide support to eight active school community pilot projects focusing on the school community and promoting more activity through the curriculum, walking and biking to school, and after school programs. Funded new training programs for youth fitness and physical activity counseling. Fourteen students were recruited and trained in the initial phase of the Youth Fitness Leadership Development Program (a project by the Nova Scotia Fitness Association which trains and certifies high school students to offer 30 minute music based fitness classes for younger children at school and in the community). Trained 28 people in the first pilot project of physical activity counseling for health professionals. Registered almost 100 schools for the International Walk to School Day in 2004. Began work on developing policies and training for staff in early childhood settings focused on encouraging preschoolers to become more active. Created a database using proven and effective community-level standards for helping kids become more active to communicate to volunteers and professionals, through a website. Identified and edited published research to make it useable by practitioners.

Priority	Nova Scotia Health Promotion Accomplishments
Active Kids/Healthy Kids: Expand the reach of the <i>Active Kids/Healthy Kids</i> (AK/HK) Strategy and promote increased participation in sport, recreation and physical activity by children and youth. <i>Continued</i>	Provided day-long training sessions for recreation and sport practitioners on how to improve access opportunities for physical activity in low income populations. Completed the first draft of the Active Transportation Framework in Nova Scotia with stakeholder input. Prepared for the second Physically Active Children and Youth (PACY) research study following the first study in 2001 which established baseline data for physical activity levels among children and youth in Nova Scotia. The research proposal was prepared. A new dietary intake component was added.
Sport Development: Encourage Nova Scotians to be physically active and offer a quality sport and recreation experience in compliance with national and Atlantic standards.	Signed an agreement with the federal government to continue Phase II of the Sport Futures Program and begin the Sport Opportunities for Children and Youth in Nova Scotia Program. Sport Development activities included: providing consultation, educational workshops and organizational development to over 45 provincial sport organizations; providing approximately \$840,000 directly to provincial sport organizations to assist with delivery of programs and services; and providing financial assistance to support the hosting of 15 national championships and annual general meetings. High Performance activities included: providing direct support to Canadian Sport Centre Atlantic to assist with the delivery of programs and services to Nova Scotian high performance athletes; providing direct financial support to 28 Nova Scotia athletes through the Elite Athlete Assistance Program; providing direct financial support to 12 Nova Scotian athletes toward training and participation for the Olympic/Paralympic Games.

Priority	Nova Scotia Health Promotion Accomplishments
Sport, Recreational and Physical Activity Programs and Facilities including: increasing the capacity, effectiveness and sustainability of organizations in providing sport, recreational and physical activity opportunities for all Nova Scotians; supporting and encouraging initiatives aimed at maintaining and improving the quality of sport, recreation and physical activity programs and the safety of their participants in recreation areas and facilities; improving access, availability, condition, safety and sustainability of indoor and outdoor facilities that provide venues for sport, recreation and physical activity.	Piloted the After-School Physical Activity Program to increase the daily activity level of children in grades 3–6. Four programs were delivered in Nova Scotia with over 200 students participating in fun, safe, and developmentally appropriate sport and physical activities. Provided financial assistance to six community organizations to carry out building condition or structural assessments. 128 facility organizations received capital funding to assist in the development of facilities. Examples of projects included: 18 trail projects, 12 arena projects, 32 community hall projects, 9 playground projects, 9 field projects. 20 facility organizations received Planning Assistance Grants. Implemented the Sport Futures Program Phase II enabling provincial organizations to identify a technical sport leader to develop a comprehensive delivery model for programs and activities to provide an inclusive, participant-centered menu of sport activities. Sport Futures activities have become a regular part of summer camp programs throughout Nova Scotia. Sport Opportunities for Children and Youth in Nova Scotia Program was introduced to link schools and communities to include physical activity opportunities for all children and youth. Provided an average of \$7,200 to each of 83 schools, municipalities and sport and recreation groups through a new Physical Activity Grant program to enhance existing programs and create new ones aimed at providing opportunities for an increased level of physical activity.

Priority	Nova Scotia Health Promotion Accomplishments
Leadership Development: Increase the number of leaders and improve leadership skills in all areas of sport, recreation and physical activity in Nova Scotia.	Launched HIGH FIVE, a program that supports healthy child development and quality recreation and sport leadership, in August 2004: 25 HIGH FIVE Information Sessions were delivered including presentations and displays at the Parent-Teachers Association of Nova Scotia, Sport Fair, and Girl Guides of Canada-Provincial Conference. Trained 1,496 leaders, visited 102 communities, delivered 607 clinics and exposed 46,066 participants to a variety of activities over the past year through the Sport Futures Leadership Program. Offered several coaching courses in the 2004-05 year resulting in increased numbers of trained coaches available to communities and clubs and organizations. Trained 550 Frontline Recreation and Sport Leaders in the Principles of Healthy Child Development; 125 Recreation/Sport Supervisors were trained in using the HIGH FIVE QUEST Evaluation Tool; 19 HIGH FIVE Trainers were certified in a Becoming a HIGH FIVE Trainer. Developed new HIGH FIVE website. Certified 19 HIGH FIVE Trainers in "Becoming a HIGH FIVE Trainer". Worked with 12 HIGH FIVE members representing 35 municipalities, Mi'kmaw Youth Active Circle for Living, YMCA of Greater Halifax-Dartmouth, Boys and Girls Clubs of Nova Scotia, Dartmouth Sportsplex; and Physical Activity Strategy Committee on incorporating messaging into HIGH FIVE materials and training. Created HIGH FIVE Advisory Committee composed of 12 volunteer members representing youth serving organizations, sport and recreation facilities and health advocates. Sold/distributed related resources including: Poster sets, Sport Tool Kits (Sport Action Packs and Coach Reflections); Guide to Best Practices; Best Practices Tool Kits; 3500 Parent Guides; and promotional material for member kits and marketing. Worked with the Department of Education to integrate Fair Play into the Code of Conduct.

Priority	Nova Scotia Health Promotion Accomplishments
Leadership Development: Increase the number of leaders and improve leadership skills in all areas of sport, recreation and physical activity in Nova Scotia. <i>Continued</i>	Trained 170 outdoor leaders under the auspices of the Nova Scotia Outdoor Leadership Development Program. Trained 69 lifeguards for 21 supervised beaches. Through Fair Play, provided consultations and negotiated Fair Play outcomes with 45 provincial sport organizations; conducted a Fair Play training session; and responded to inquiries from individuals, clubs, and schools regarding Fair Play, resources and supports.
Equity and Access: Reduce disparities and improve access to sporting, recreation and physical activities for women, members of ethnic minorities, people with disabilities and persons of low socio-economic status.	Awarded \$2,700 in Women In Coaching Grants for fencing, basketball, swimming, softball and soccer. Hired the provincial KidSport coordinator and laid the groundwork for 11 regional KidSport chapters across Nova Scotia. KidSport allocated over \$300,000 directly to the kids. 658 children received support to participate in sport. Formed a partnership with Recreation Nova Scotia to deliver regional workshops on barriers to participation for low income children. Partnering with Sport Nova Scotia and Recreation Nova Scotia, NSHP submitted a proposal and received \$50,000 toward a research study on volunteer women in sport. Enabled Recreation Nova Scotia to facilitate and support physical activity programs for persons with a disability through funding from NSHP and the Active Living Alliance for Canadians with a Disability. Students were sent to a youth exchange in Ottawa and workshops were presented on "Moving to Inclusion". Funded some NSHP staff and the Executive Director of Recreation Nova Scotia to train to become trainers for the Everyone Gets to Play Program to reduce disparities in recreation and physical activity. Worked with the Aboriginal community to include sport, recreation, and physical activity by co-funding Mi'kmaq Youth, Recreation, and Active Living Circle for Living ; co-chairing the Tripartite Sport and Recreation Committee, and working with the Mi'kmaq school board to negotiate placing a Sport Animator in the Nova Scotia Mi'kmaq community.

Core Business Area: Tobacco Reduction

Priority	Nova Scotia Health Promotion Accomplishments
Smoke-Free Places Legislation: Increase protection from second-hand smoke through ongoing enforcement and appropriate amendments to the <i>Smoke-Free Places Act</i>.	Coordinated interdepartmental <i>Smoke-Free Places Act</i> enforcement involving inspectors with the Departments of Agriculture and Fisheries, Environment and Labour, Health Promotion.
Community-Based Programs: Support the district health authorities in their implementation of tobacco reduction strategies.	Provided funding to district health authorities to support district Tobacco Control Coordinator positions. Facilitated meetings among district health authorities' tobacco control staff to allow for sharing of resources and research.
Smoking Cessation/Nicotine Treatment: Enhance nicotine treatment services to encourage smoking cessation and improve cessation success rates.	Increased funding to Addiction Services in the district health authorities to support dedicated nicotine treatment staff and coverage of pharmacological smoking cessation aids. Published Provincial Tobacco/Nicotine Treatment Services Standards and Best Practices. Developed the Sick of Smoke Workplace resource as one component of the provincial tobacco public awareness campaign to help employers provide effective smoke-free policies and help their employees quit smoking. Continued implementation of the Nova Scotia tobacco strategy in 2004–2005 by actioning all elements of the provincial Tobacco Control Strategy including: supporting planning and coordination of the second provincial tobacco control conference, June, 2004; increasing funding to district health authorities for nicotine treatment programming; publishing provincial Tobacco/Nicotine Treatment Services Standards and Best Practices; facilitating sharing of research and resources among tobacco staff in the district health authorities. In January 2005, released the Tobacco Control Progress Report highlighting progress between October 2001 and March 2004. This report highlighted successful implementation of all Tobacco Control Strategy elements and declines in tobacco use among adults and youth.

Priority	Nova Scotia Health Promotion Accomplishments
Youth Smoking Prevention: Support community organizations in their implementation of tobacco-free sport initiatives Increase tobacco prevention education in high schools through the "You Choose" program Reduce tobacco sales to minors through enforcement of the <i>Tobacco Access Act</i>	Supported the development of a tobacco-free sport and recreation resource. NSHP, in partnership with the Department of Education, developed <i>You Choose</i>, a tobacco media literacy resource for high schools. Public Health Services and Addiction Services in the District health authorities continued promotion of <i>Smoke-free For Life</i>, a tobacco prevention curriculum supplement for grades p-9 and <i>No More Butts</i>, a peer-led cessation program for high schools. Coordinated ongoing <i>Tobacco Access Act</i> enforcement. In 2004-2005, 1,295 compliance checks were conducted and 192 warnings were issued for selling tobacco to persons under the age of 19 years.
Public Awareness: Implement a provincial media campaign to increase awareness of the negative consequences of tobacco use.	Implemented year 3 of a comprehensive tobacco public awareness campaign with highlights including: Great Reasons to Smoke cinema advertisements, Great Reasons to Smoke speakers booth, and provincial dissemination of a smoke-free homes campaign. The Great Reasons to Smoke campaign recognized by Marketing Magazine's editorial team as one of the "Ten Marketers that Mattered in 2004".

Core Business Area: Injury Prevention

Priority	Nova Scotia Health Promotion Accomplishments
Injury Priorities: While the injury prevention strategy addresses all injuries among all ages, three priority areas of focus have been identified: • falls • transportation related injuries • suicide	<u>Falls</u> Established the Provincial Intersectoral Falls Prevention Committee to coordinate falls prevention activities and initiatives and help to identify program and policy gaps and needs. The Committee comprises membership from district health authorities and numerous government departments and agencies including the Departments of Community Services, Health, and NSHP, the Office of the Fire Marshall, and the Senior Citizens Secretariat.

Injury Priorities: While the injury prevention strategy addresses all injuries among all ages, three priority areas of focus have been identified: • falls • transportation related injuries • suicide <i>Continued</i>	<u>Falls (continued)</u> Completed Phase One of the falls prevention strategy by conducting a web survey of more than 500 falls stakeholders to inform the development of the comprehensive falls prevention strategy. Continued funding for the Preventing Falls Together Initiative (Community Links). This initiative promotes the development of a sustainable network of regional falls prevention coalitions to work with seniors, care givers, health professionals, government, and other community organizations. A community development model is used to develop falls prevention strategies targeted to the specific needs of their communities. <u>Transportation Related Injuries</u> Continued partnership with the Road Safety Advisory Committee (RSAC). The CEO of Health Promotion/Deputy Minister of Health joined the RSAC Deputy Ministers Group in Fall 2004. Working with Transportation and Public Works (TPW) and RSAC, NSHP led the development of a comprehensive strategy for road safety communications. Provided funding to Child Safety Link to strengthen car seat/booster seat education, establish a network of car seat coalitions across the province, and explore development of a loaner/donor program for car seat/booster seats. <u>Suicide</u> Worked with Mental Health Services, the Nova Scotia Community Network to Address Suicide, and other key stakeholders to lay the foundation for developing a comprehensive suicide prevention strategy for Nova Scotia. Provided funding to South Shore Safe Communities to implement a regional suicide prevention strategy.
Facilitate Collaboration: Recognize existing injury prevention programs and initiatives, and identify and stimulate opportunities for collaboration.	Continued collaboration through the Provincial Intersectoral Preventions Committee, the falls prevention web survey, the continued funding for the Community Links' Preventing Falls Together network of regional falls prevention coalitions, the partnership with RSAC, and partnerships with Mental Health Services, the Nova Scotia Community Network to Address Suicide and other key stakeholders.

Priority	Nova Scotia Health Promotion Accomplishments
Surveillance, Research and Evaluation: Begin developing a framework that will support the efficient and effective collection, analysis, interpretation and evaluation of injury-related data that will inform future injury prevention priorities and initiatives.	Established the Injury Surveillance Working Group and led the development of a cross departmental/multi-agency injury surveillance strategy. In collaboration with stakeholders, developed an evaluation framework for the Nova Scotia Injury Prevention Strategy.
Capacity-Building: Support and provide opportunities that will develop injury prevention knowledge and capacity at the community level.	Provided funding to the Nova Scotia Chapter of the Atlantic Injury Prevention Network for the delivery of stakeholder workshops. Delivered the Canadian Injury Prevention Curriculum to more than 150 injury prevention stakeholders from across Nova Scotia.
Tertiary Injury Prevention: Working with Emergency Health Services and other partners, continue to improve outcomes for injured persons through optimizing emergency response, acute care and rehabilitation services, and community supports.	Participated on the Nova Scotia Trauma Advisory Council to develop linkages among prevention and treatment aspects of injury thereby ensuring collaboration and understanding across the injury continuum from prevention, through treatment, and rehabilitation.

Core Business Area: Addictions

Priority	Nova Scotia Health Promotion Accomplishments
Problem Drinking Strategy: Coordinate the development of a province-wide problem drinking strategy, which embodies a population health approach and addresses issues across the life span.	Hired a provincial coordinator in February 2005 to begin the process of developing a province-wide strategy to address alcohol, which embodies a population health approach and addresses issues across the life span. Undertook research to determine best practices, critical data needs, and process for accessing data for an Alcohol Indicators Report for Nova Scotia. Analysis of the Nova Scotia data from the 2004 Canadian Addiction Survey was undertaken.

Priority	Nova Scotia Health Promotion Accomplishments
Problem Drinking Strategy: Coordinate the development of a province-wide problem drinking strategy, which embodies a population health approach and addresses issues across the life span. <i>Continued</i>	Continued analysis of the 2003 NS Gambling Prevalence Study to provide additional alcohol-related data for Alcohol Indicators Report. Began analysis of Nova Scotia data from the 2004 Canadian Addiction Survey. Drafted Terms of Reference for a Provincial Task Group on Alcohol in partnership with Addiction Services in the district health authorities. Undertook qualitative research of male alcohol consumers aged 19 to 29 years. The purpose of the focus groups was to describe the context of alcohol use among males 19 to 29 years of age and to assess their response to communications materials and messaging related to low-risk drinking guidelines.
Addiction Prevention and Education: In partnership with the Department of Education, provide leadership for the creation of a supplement to the Personal Development and Relationship curriculum for addiction education.	Undertook a significant revision of the drug education curriculum supplement to the Health, Personal Development and Relationship in partnership with the Department of Education. This included a review of the best practices literature related to school drug education.
Problem Gambling Strategy: Lead the development and implementation of the problem gambling strategy. The strategy will include service standards, program planning and coordination, and enhancement of awareness of the risks and consequences of problem gambling.	Developed and published standards and best practices in March 2005. Initiated a project to increase awareness of the risks and consequences of Video Lottery Terminals (VLTs) through the development of radio advertisements. After the radio ads starting airing in January 2005, calls to the problem gambling help line increased by over 50% compared to the same period in 2004. Developed problem gambling initiatives as part of the <i>A Better Balance: Nova Scotia's First Gaming Strategy</i> including: increased resources for problem gambling treatment; social marketing to increase awareness; development of prevention and early intervention programs; demonstration research intervention; and community-based programs. Released results of the 2003 Nova Scotia Gambling Prevalence Study, the purpose of which was to examine the nature and prevalence of problem gambling in Nova Scotia.

Core Business Area: Chronic Disease Prevention

Priority	Nova Scotia Health Promotion Accomplishments
Community Health Board Funding: In conjunction with district health authorities, fund community health boards (CHBs) for local initiatives aimed at preventing chronic disease. Targeted areas will include healthy eating, tobacco reduction, physical activity and community capacity-building.	NSHP provides Wellness Initiative Funds to district health authorities for community health boards (CHBs) to distribute to local community organizations, local health promotion and illness prevention projects, and programs that assist in the mandate of the NSHP. Allocated \$348,000 to district health authorities in 2004-05.
Promote and develop capacity for policy-relevant research in the areas of chronic disease prevention and health promotion	NSHP contracted the Nova Scotia Health Research Foundation to develop a research strategy. Related work is underway including consultations with researchers to build upon existing opportunities. The Strategy will include: identification of health promotion research questions/priorities; a process for ongoing engagement in research and knowledge transfer; a process or mechanism to support the application of research findings; a knowledge cycle and processes for monitoring and evaluating this cycle. Hired a provincial chronic disease prevention coordinator. Earmarked resources for several important initiatives which address the major risk factors for chronic disease including physical inactivity, smoking, and unhealthy eating. Established an advisory committee to provide advice on issues related to health promotion and chronic disease prevention. Developed terms of reference, recruited co-chairs, and began initial meetings of the advisory committee.
Develop a framework for an integrated and comprehensive system of surveillance, monitoring and assessing chronic disease mortality and morbidity	Nova Scotia contributed to the federal/provincial/territorial (F/P/T) report on chronic disease surveillance completed by the F/P/T Surveillance System for Chronic Disease Risk Factor Task Group and Advisory Committee on Population Health and Health Security. This report, <i>Enhancing Capacity for Surveillance of Chronic Disease Risk Factors and Determinants</i>, provided recommendations on proceeding in the area of chronic disease surveillance. Nova Scotia will use this report in its planning and development of chronic disease surveillance capacity.

Core Business Area: Communications and Social Marketing

Priority	Nova Scotia Health Promotion Accomplishments
General Communications Support: Provide support to the Minister of Health Promotion as well as all areas of NSHP strategic plan, and ensure that there is awareness and acknowledgment of the work of NSHP.	Provided ongoing support to the Minister of Health Promotion, the Assistant Deputy Minister and priority areas of NSHP. The objective of ensuring awareness, understanding and acknowledgment of the work of NSHP was achieved through announcing initiatives in communities across Nova Scotia, preparing remarks, seeking opportunities to highlight accomplishments, and preparing numerous news releases about health promotion activities. Provided support in the form of advice, communications plans, development of written and designed materials, news releases and announcements for many initiatives such as awareness weeks, resource, programs, funding, ads to recognize stakeholders, etc
Internal Communications: Maintain ongoing communication with staff about the evolving development of NSHP and their role in communicating to stakeholders.	Initiatives included: production of a monthly electronic newsletter designed to inform staff of NSHP activities, the creation of introductory paragraphs to news releases for internal distribution to inform staff of initiatives and to recognize internally those individuals involved in these initiatives. Held annual full staff meeting to learn firsthand of activities and initiatives from the program initiators.
Stakeholder Communications: Develop a communication network of external stakeholders and inform, engage and solicit their support for the activities of NSHP.	Participated in the development of a communications network of external stakeholders. Distributed the monthly electronic newsletter to stakeholders as a means to informing them of NSHP's progress in priority areas. Recognized stakeholders and other Nova Scotians publicly for their work through a series of Champion Advertisements published in provincial and community papers.
Media Relations: Develop a media relations strategy to ensure that media has a clear understanding of NSHP and is a key partner in health promotion.	Initiated editorial boards (meetings with key players at the major newspaper) to inform them of our activities and challenges and how we can best work together. This resulted in increased positive coverage and understanding of NSHP and health promotion.

Priority	Nova Scotia Health Promotion Accomplishments
Social Marketing: Develop and implement social marketing plan for NSHP that raises public awareness and demonstrates stakeholder support for the province's plan for a healthier Nova Scotia (Make health promotion a priority among Nova Scotians.) and supports strategy areas (health eating, physical activity, healthy sexuality, tobacco reduction, injury prevention, addiction prevention, chronic disease prevention).	NSHP expanded this priority to include the seven priority areas because it recognized that social marketing is more than raising public awareness and demonstrating support for a healthier Nova Scotia. Social marketing must support NSHP's priority areas with targeted approaches and specific messages to effect behavioural change toward healthier living. Developed the framework for a health promotion social marketing campaign for parents of children aged 0-12 years targeting healthy eating, physical activity, injury prevention and tobacco reduction. Conducted public opinion polls to seek Nova Scotians' opinions on their health status and which provider groups should provide health promotion information. Engaged a social marketing expert to lead internal exercises to identify priority areas for social marketing campaigns. As a result of public opinion polling and consultation with a social marketing expert, identified a brand option for health promotion campaigns.

Other Accomplishments

The following section outlines two sets of activities. Firstly, it includes activities related to Addiction Services that were undertaken in 2003-04 in response to 2003-04 business plan priorities but were completed in 2004-05. Because these were significant accomplishments and do not now accurately fit the priorities identified in the 2004-05 Business Plan, they have been included separately. Secondly, it includes the development of a major NSHP policy that applies to all Core Business Areas and therefore did not adequately fit any of the identified priorities.

Priority from 2003-04	Nova Scotia Health Promotion Accomplishments
Addiction Service Standards: Operational definitions, objectives, and measurements for improving access to, and delivery of, Addiction Services throughout Nova Scotia.	Standards were published in March 2005 for Adolescent Services, Women Services, Methadone Maintenance Treatment, and Nicotine Treatment.

Priority from 2003-04	Nova Scotia Health Promotion Accomplishments
Best Practices: A series of Best Practices documents, for use by management and staff in Addiction Services, were published and disseminated in March 2005. This, in conjunction with Addiction Services Standards, will help ensure delivery of consistent, high quality services across the province.	Published Best Practices in the areas of Community-based Services, Adolescent Services, Women's Services, Prevention and Community Education, and Nicotine Treatment in March 2005.
Outcome Monitoring System(OMS): The process for monitoring addiction-specific outcomes has been established throughout the province. The questionnaire that will be utilized for the one-year follow up is being finalized by a committee of experienced evaluators and programmers.	The first OMS Report was drafted in March 2005.
Labour Market Agreement for Persons with Disabilities: The effectiveness of Addiction Services in addressing vocational crisis and client employability will be evaluated.	Completed a review of the literature on the impact of addictions treatment on employability in March 2005.

Priority from 2003-04	Nova Scotia Health Promotion Accomplishments
Addiction Services Information System (ASsist): This province-wide client information system, for tracking and monitoring client activity and patterns, is being designed to support accountabilities and accommodate federal and provincial reporting requirements.	Undertook actions to update the provincial client information management system, ASsist, in order to address new accountabilities.
New Policy	Nova Scotia Health Promotion Accomplishments
New Policy	Developed and instituted the Promotional Assistance Policy designed to ensure a fair, efficient, and effective process for evaluating requests made to NSHP for promotional funding.

Financial Results 2004-2005

Priority Area	2004-05 Estimate	2004-05 Actual
Executive Administration	\$ 821,700	\$ 817,379
Communications and Social Marketing	\$ 416,300	\$ 261,586
Public Health	\$ 3,306,900	\$ 2,926,144
Tobacco Control	\$ 2,096,400	\$ 2,358,653
Addictions	\$ 2,240,900	\$ 2,512,886
Injury Prevention	\$ 348,800	\$ 404,585
Healthy Eating	\$ 383,500	\$ 211,568
Healthy Sexuality	\$ 30,000	\$ 15,000
Chronic Disease Prevention	\$ 731,800	\$ 463,173
Physical Activity	\$ 8,123,700	\$ 10,528,863
Nova Scotia Health Promotion (Sub-total)	\$ 20,406,400	\$ 22,994,282
Less: Recoveries	\$ 1,906,400	\$ 2,494,445
Total - Nova Scotia Health Promotion	\$ 18,500,000	\$ 20,499,837
Total full-time equivalents on staff	60.2	53.6
Less: Staff Funded by External Agencies	(2.0)	(2.0)
Total	58.2	51.6

Explanations for Significant Variances:

Communications - Decrease: \$154.7K - Vacancy in Social Marketing Officer position and postponement of anticipated marketing strategies.

Public Health - Decrease: \$380.8K - Delay in hiring for vacant positions, professional services and establishing the outreach and additional anonymous testing site.

Tobacco - Increase: \$262.3K - Strategic Funding Initiatives approved by Executive Council for Tobacco pharmacological cessation aids.

Addictions - Increase: \$272K - Higher grants distributed than anticipated due to a general increase in the various components of the Enhanced Services for Rural Women and Youth & Strategic Funding Initiatives approved by Executive Council for Gambling programs \$100K.

Injury Prevention - Increase: \$55.8K - In Program Grants.

Healthy Eating - Decrease: \$172K - Postponement of Professional Services expenditures and reduction in Program Grants.

Healthy Sexuality - Decrease: \$15K - Youth Sexual Health Request for Proposal going forward at half the estimated cost.

Chronic Disease Prevention - Decrease: \$268.6K - Vacant Co-Ordinator position, major reduction to Professional Services and Grants and Assistance.

Physical Activity - Increase: \$2.4M - Strategic Funding Initiatives approved by Executive Council for RFD Major/Minor Facility Grants of \$1.6M and under- budgeting in various ongoing programs for 04/05.

FTE - The FTE underutilization highlights the fact that the Nova Scotia Health Promotion was still in the growth and development stage; therefore approved funded staff allocations remained unfilled throughout a part of the year.

MEASURING OUR PERFORMANCE

2004-05 Targets

In 2001-02, Treasury and Policy Board (TPB) asked departments to establish base year performance data and medium term targets for each performance measure with the target year set at 2004-05.

Nova Scotia Health Promotion was created in December 2002 and released its first Business Plan in 2003-04. At that time, the identification of indicators and medium term performance targets was in development. The 2004-05 Business Plan included improved indicator choices and set performance targets for 2009-10. This accountability report references 2009-10 as the target year for NSHP performance measures.

Where changes in the choice of measure have occurred, an explanation is included in the narrative under "Changes in the Measure".

In all cases, the most current data available have been included. For some measures, however, these data may be a couple of years old due to the cycle of data collection or surveying.

Percentage of Nova Scotia Population (12 yrs +) Who Report Eating the Recommended 5-10 Servings of Fruit/Vegetables Per Day

One of Nova Scotia Health Promotion's core business areas is Healthy Eating. Healthy eating contributes to health and well-being. One measure of healthy eating is the rate of consumption of fruits and vegetables.

What Does the Measure Tell Us?

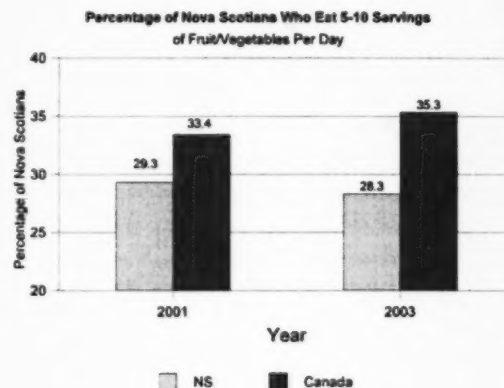
This measure is the percentage of Nova Scotians (12 years and older) who report eating the recommended 5-10 servings of fruits and vegetables per day from Canada's Food Guide to Healthy Eating as reported by the Canadian Community Health Survey (CCHS). Studies have shown the protective role that fruits and vegetables play in preventing chronic diseases, such as heart disease, stroke, type 2 diabetes, hypertension, and many cancers.

Where Are We Now?

Data from 2003 show that fewer Nova Scotians than Canadians consume the recommended number of fruits and vegetables per day; 28% and 35% respectively.

Where Do We Want to Be in the Future?

By 2009-10, Nova Scotia aims to increase the percentage of the population (12 years and older) who report eating the recommended 5-10 servings of fruits and vegetables per day to the national rate or above it.



Strategies to achieve this target include:

- ensuring that any nutrition guidelines produced for government funded or regulated food service operations include efforts to increase access to fruit and vegetables
- supporting the development of community based initiatives that increase knowledge and skills related to preparing fruit and vegetables
- complementing work underway with the national "5 to 10 a Day" campaign with activities at the local level
- developing policy to ensure access to affordable fruit and vegetables by all Nova Scotians.

Percentage of Women Breast feeding at Hospital Discharge

One of Nova Scotia Health Promotion's core business areas is Healthy Eating. Healthy eating contributes to health and well-being. One measure for healthy eating is the percentage of women who breast feeding as soon as their babies are born.

What Does the Measure Tell Us?

Two measures for initiation of breast feeding have been used. The CCHS reported initiation of breastfeeding as the percentage of women who indicated that for their last baby, they breast fed or tried to breastfeed, if only for a short time. The Nova Scotia Atlee Perinatal Database reported initiation breast feeding as the percentage of women who were breast feeding at the time of discharge from the hospital.

Breast feeding has been identified as the optimal method of feeding worldwide because of the proven health benefits for infants and mothers. Breast feeding supports the healthy development of newborns by: contributing to healthy brain and nervous system development, protecting babies against infectious diseases, and enhancing emotional development. Beyond infancy, the benefits continue to contribute to protection against childhood cancers, diabetes, allergy, and Crohn's disease.

Change in Measures

The 2004-05 business plan used the Nova Scotia Atlee Perinatal Database as the data source for breast feeding initiation. This database, however, does not provide a national rate for comparison; does not allow for future examinations of duration of breast feeding; and has a narrow definition of breast feeding initiation (percentage of women breast feeding at hospital discharge). Therefore, the CCHS initiation data are presented below and the Atlee is discontinued in the 2005-06 Business Plan with the CCHS measures for both initiation and duration being used.

Where Are We Now?

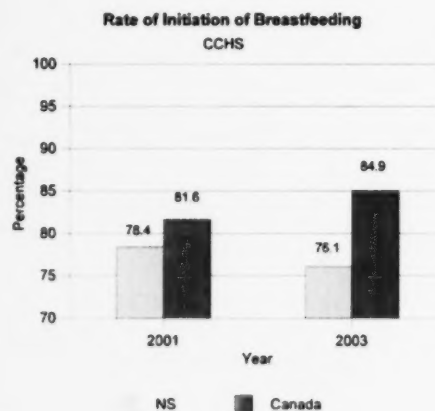
The CCHS 2001 and 2003 data shows a decrease in the percentage of Nova Scotian women who initiated breast feeding compared to a slight increase in the Canadian breast feeding initiation rate.

Where Do We Want to Be in the Future?

By 2009-10, Nova Scotia aims to be at or above the national initiation rate for breast feeding.

Strategies to achieve this target include:

- continuing to promote, support and protect breast feeding through local Public Health Services
- continuing to work on provincial, district health authority and IWK Health Centre breast feeding and Baby-Friendly Initiative policy
- developing breast feeding education standards for professionals.



Teenage Pregnancy Rate

One of Nova Scotia Health Promotion's core business areas is Healthy Sexuality. Healthy sexuality contributes to health and well-being. One measure for healthy sexuality is the rate of teenage pregnancy.

What Does the Measure Tell Us?

This measure is the percentage of Nova Scotian women aged 15 to 19 years per 1,000 who gave birth, or experienced miscarriage, still birth or therapeutic abortion per 1000 women aged 15 to 19 (CIHI Discharge Abstract Database and Populations from Nova Scotia Department of Finance, Statistics Canada).

Teenage mothers are at greater risk to drop out of school, experience unemployment, live in low-income situations, and experience social isolation. Children of teenage mothers tend to be at higher risk for abuse and neglect and often experience increased risks for low birth weight and psychological and behavioural disorders and poverty and abuse.

Change in Measure

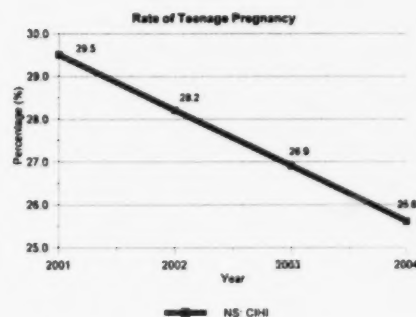
The CIHI baseline data provided in the 2004-05 business plan is slightly different than that presented in the graph. This is because Statistics Canada re-runs rates previously calculated on census estimates with more accurate census data as it becomes available. This re-run resulted in slight changes to the baseline data provided in the business plan and, as a result, more accurate rates.

Where Are We Now?

CIHI data shows that Nova Scotia has experienced a steady decrease in the rate of teenage pregnancy from 29.5% in 2001-02 to 25.6% in 2004-05. National data for this definition for teenage pregnancy is not yet available.

Where Do We Want to Be in the Future?

By 2009-10 Nova Scotia aims to be at or below the national average.



Strategies to achieve this target will include collaborating with a wide range of stakeholders to promote a coordinated health approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia. The Roundtable on Youth Sexual Health—a consortium already in place—has identified the key elements of a strategy to promote youth sexual health: leadership, community awareness and supports, and services for youth, parents, and professionals. The Roundtable has completed provincial consultations on a Framework for Youth Sexual Health in Nova Scotia and completed a draft Framework for Action document.

Condom Use Among Sexually Active Youth

One of Nova Scotia Health Promotion's core business areas is Healthy Sexuality. Healthy sexuality contributes to health and well-being. One measure of healthy sexuality is the rate of condom use among sexually active youth.

What Does the Measure Tell Us?

In 1996 and 1998, the rate of condom use is reported as the percentage of sexually active youth in grades 10 and 12 who used condoms either always or most of the time. In 2002, the rate of condom use is reported as the percentage of youth in grades 10 and 12 who had sexual intercourse within the 12 months prior to the survey and used a condom at the time of their last sexual intercourse. These data are from the Nova Scotia Student Drug Use Survey which is conducted every two years. Data for 2004 are not yet available.

Consistent condom use can significantly reduce the incidence of pregnancy and sexually transmitted diseases.

Changes in the Measure

Because the definitions in the Student Drug Use Survey changed over the years, the data are uncomparable between 1996, 1998 and 2002. Further, in 1996 and 1998 information was not available for the category "grades 7 to 12 inclusive". This survey was not conducted in 2000. A trend will be examined using the new definition from the Student Drug Use Survey beginning from 2002.

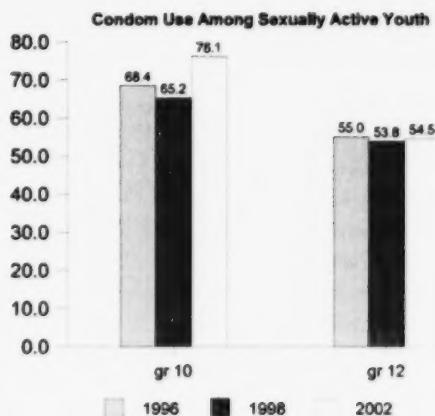
Where Are We Now?

Taking into consideration that the definitions have changed since data collection on condom use, there has been an increase in condom use for grade 10 survey respondents from 68% to 76%. However, condom use for grade 12 survey respondents has remained at around 55%. In 2002, the rate of condom use for Grades 7 to 12 inclusive, Grade 10 and Grade 12 is 64%, 76% and 55% respectively.

Where Do We Want to Be in the Future?

By 2009-10 Nova Scotia aims to be at or above the Atlantic average. The Drug Survey only allows for an Atlantic average.

Strategies to achieve this target will include collaborating with a wide range of stakeholders to promote a coordinated health approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia. The Roundtable on Youth Sexual Health—a consortium already in place—has identified the key elements of a strategy to promote youth sexual health: leadership, community awareness and supports, and services for youth, parents, and professionals. The Roundtable has completed provincial consultations on a Framework for Youth Sexual Health in Nova Scotia and completed a draft Framework for Action document.



Incidence of Chlamydia in 15 to 24 Year Olds

One of Nova Scotia Health Promotion's core business areas is Healthy Sexuality. Healthy sexuality contributes to health and well-being. One measure of healthy sexuality is the rate of incidence of genital chlamydia infection in the Nova Scotia population of 15 to 24 year olds.

What Does the Measure Tell Us?

This measure is the annually reported rate of genital chlamydial infection in Nova Scotia per 100,000 population of 15 to 24 year olds as reported by the Nova Scotia and Canada Notifiable Disease Surveillance System. Chlamydia is a sexually transmitted infection that, if untreated, can lead to pelvic inflammatory disease which can result in complications such as tubal infertility and ectopic pregnancy.

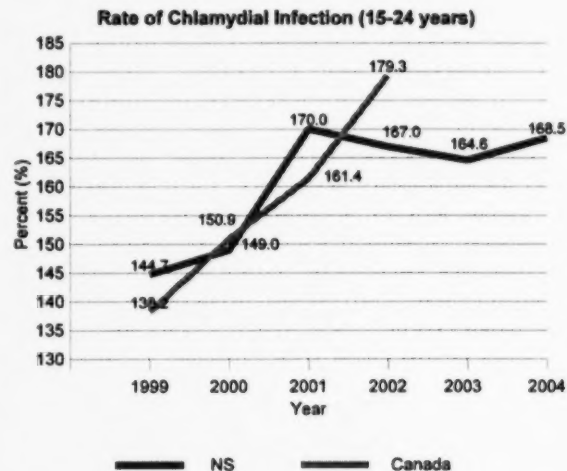
Where Are We Now?

The rate of chlamydia infection in 15 to 24 year olds has varied from 145 in 1999 (compared to the national rate of 138) to 169 in 2004 (compared to the national rate of 179). National data is only available to 2002.

Where Do We Want to Be in the Future?

Nova Scotia's target is to be at or below the 2009-10 national average.

Strategies to achieve this target will include collaborating with a wide range of stakeholders to promote a coordinated health approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia. The Roundtable on Youth Sexual Health—a consortium already in place—has identified the key elements of a strategy to promote youth sexual health: leadership, community awareness and supports, and services for youth, parents, and professionals. The Roundtable has completed provincial consultations on a Framework for Youth Sexual Health in Nova Scotia and completed a draft Framework for Action document.



Percentage of Adults Reporting Physical Activity that Provides Health Benefits

Physical Activity is one of Nova Scotia Health Promotion's core business areas. Physical activity contributes to health and well-being. One measure of physical activity is self reported data on the amount of activity people are engaging in daily.

What does the Measure Tell Us?

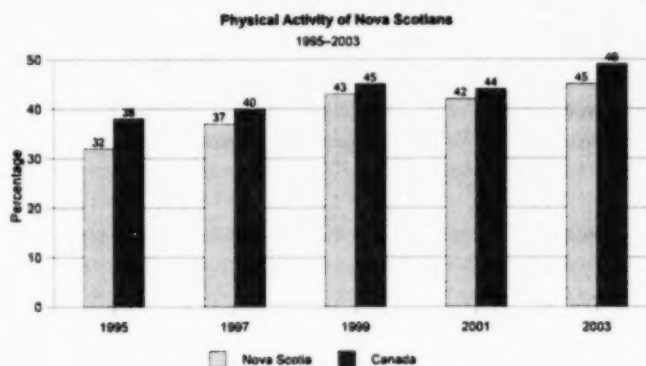
Physical activity is an important contributor to both physical and mental health. Inactivity is one of the driving forces behind the high rates of chronic disease in Nova Scotia. Self report data from the Canadian Community Health Survey (CCHS) is collected every two years. It classifies adults into three categories - active, moderately active and inactive. People who are active (30 minutes per day) are obtaining optimal health benefits and those who are moderately active (15-29 minutes per day) get some health benefits. Inactive people are getting very little, if any, health benefit. To maximize quality of life, reduce the impact of chronic diseases, and help contain health care costs, Nova Scotia should target the inactive population to become moderately active.

Where Are We Now?

According to the 2003 CCHS survey, 45% of Nova Scotian adults 20 years and older reported being active or moderately active. This compares to a national rate of 49%.

Where Do We Want to Be in the Future?

In 2000-01, the Federal/Provincial/Territorial Ministers Responsible for Sport, Recreation and Fitness set a goal of increasing the number of Canadians active enough for health benefits by ten percentage points by 2010. This means raising Nova Scotia's percentage from 42% in 2001 to 52% in 2009-10.



To achieve this goal, government needs the cooperation of all Nova Scotians at home, school, work, and in the community in such initiatives as:

- Chronic Disease Prevention initiatives
- Active Kids/Healthy Kids Strategy
- leadership development in sport, recreation and physical activity
- increased capacity, effectiveness and sustainability of organizations in providing sport and recreation
- improved access, availability, condition, safety and sustainability of indoor and outdoor sport and recreation facilities; and
- reduced disparity and increased access to sporting, recreational and physical activities for women, members of ethnic minorities, people with disabilities and persons of low socio-economic status.

Percentage of Children and Youth Active Enough for Health Benefits

Physical Activity is one of Nova Scotia Health Promotion's core business areas. Physical activity contributes to health and well-being. One measure of physical activity for children and youth is the wearing of a motion counter to assess activity levels.

What Does the Measure Tell Us?

In 2001, a representative sample of Nova Scotian children and youth in grades 3, 7 and 11 wore a motion counter on their hip for seven days to assess current activity levels. Being an objective measure of physical activity in children and youth, it eliminates some of the weaknesses of self report or parent proxy measures.

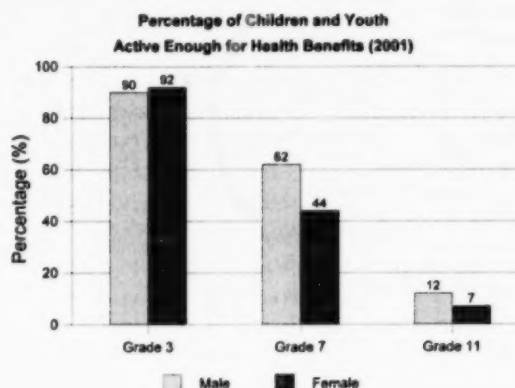
For healthy growth and development, children need to accumulate at least 60 minutes of moderate or greater intensity activity on five or more days of the week. According to Canada's Physical Activity Guide for Children this has a range of benefits including strong bones and muscles, achievement of a healthy weight, and physical self esteem. Documented increases in the Body Mass Index (BMI) levels of children and youth in most Western nations is likely a result of a decrease in physical activity combined with poor dietary habits. It is also known that inactive children grow up to be inactive adults.

Where Are We Now?

In 2001, the percentage of children and youth who accumulated at least 60 minutes of moderate or greater physical activity during 5 days of the week was as follows:

Gr 3 90% of boys and 92% of girls
Gr 7 62% of boys and 44% of girls
Gr 11 12% of boys and 7% girls

A repeat of this study is planned every 4 years with the second assessment scheduled for Fall 2005. There are no comparable Canadian statistics since Nova Scotia is the only jurisdiction to have objectively measured physical activity on a population basis.



Where Do We Want to Be in the Future?

Nova Scotia's goal for 2009-10 is to maintain the Grade 3 activity levels and raise Grade 7 and Grade 11 levels by 10 percentage points:

Grade 3 maintain at 90% for boys and 92% for girls
Grade 7 to 72% for boys and 54% for girls
Grade 11 to 22% for boys and 17% for girls

The cooperation of family, school and community will be required to achieve these goals. Initiatives such as the Active Kids/Healthy Kids Strategy, Health Promoting Schools and Sport Animators will contribute to reaching this goal.

Percentage Reporting Body Mass Index (BMI) in the Healthy Range⁵

Two of NSHP's core business areas are Healthy Eating and Physical Activity. Healthy eating and physical activity contributes to health and well-being. One measure of healthy eating and physical activity is the body mass index.

What Does the Measure Tell Us?

The Body Mass Index (BMI) is a valid measurement of weight in relation to health for healthy adults aged 20-64 years. This is a common method for calculating if an individual's weight is in a healthy range based on their body weight and height. BMI is not recommended for use as the sole measurement of either body composition or level of physical fitness. According to new Health Canada weight classification guidelines (2003), a BMI between 18.5 and 24.9 is considered within a healthy weight range. This measure is the percentage of Nova Scotians aged 20 to 64 who report a BMI between 18.5 and 24.9.

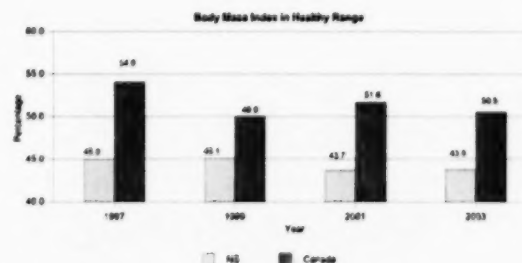
A healthy body weight (for height) is associated with a reduced risk of health problems. Overweight and obesity are associated with increased risk of health problems and conditions such as high blood pressure, diabetes, gall bladder disease, and pregnancy complications. Body weight is influenced by genetic, gender, age, and lifestyle factors such as poor eating habits and inadequate physical activity. Canada's Guidelines to Healthy Eating and Physical Activity (2004) recommend that Canadians "achieve and maintain a healthy body weight by enjoying regular physical activity and healthy eating". Nova Scotians need to be supported through education and skills, policy, and enhanced community capacity to adopt and maintain healthy body weights, healthy eating and physical activity behaviours.

Changes to Measures

Prior to 2001, BMI data were provided by the National Population Health Survey. Starting in 2001, BMI data were taken from the Canadian Community Health Survey (CCHS). This is now the ongoing standard.

Where Are We Now?

In 2001, 43.7% of Nova Scotians reported a healthy BMI, as compared to 51.6% of the Canadian population. In 2003, this proportion remained about the same in Nova Scotia at 43.8%, although it remains lower than the national figure of 50.5% for the same period.



Where Do We Want to be in the Future

By 2009-10, with partners at multiple levels and in multiple sectors, Nova Scotia aims to increase by 10% the number of Nova Scotians with a healthy body weight. Toward this end, NSHP has continued to develop and strengthen strategic linkages in the community and other sectors.

⁵This indicator was omitted from the 2004-05 Health Promotion Business Plan

Proportion of Youth Aged 0-17 Years Regularly Exposed to Environmental Tobacco Smoke in the Home

One of Nova Scotia Health Promotion's core business areas is Tobacco Reduction. Tobacco reduction will contribute to health and well-being. One measure of tobacco reduction is the rate of exposure to environmental or second-hand tobacco smoke.

What Does the Measure Tell Us?

This measure describes the percentage of households with children aged 0-17 who reported regular exposure to environmental tobacco smoke (ETS) in the home as measured by the Canadian Tobacco Use Monitoring Survey (CTUMS). In children, ETS exposure is a cause of lower respiratory tract infections such as bronchitis and pneumonia, middle ear problems, upper airways irritation, and a reduction in lung function. In children with asthma, ETS exposure causes additional episodes and more severe symptoms. It is also a risk factor for new cases of asthma in children who have not previously shown symptoms. Reducing children's exposure to tobacco smoke is key to preventing these illnesses.

Change in Measure

The Canadian Tobacco Use Monitoring Survey (CTUMS) data has replaced the Canadian Community Health Survey (CCHS) data as CTUMS is: reported annually, used to monitor national progress, and included in the Federal/Provincial/Territorial Progress Report on Tobacco Control.

Where Are We Now?

In 2000, approximately 27% Nova Scotian households with children aged 0-17 reported regular exposure to ETS in the home. This contrasts with approximately 30% of Canadian households who reported home exposure to second-hand smoke. In 2004, the percentage of Nova Scotian households reporting exposure to ETS in the home declined to 16%. In Canada the percentage declined to 15%.

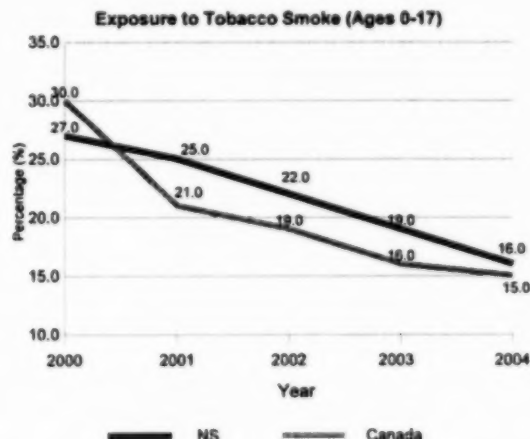
Where Do We Want to Be in the Future?

Nova Scotia aims to decrease the ETS exposure rate to the Canadian rate or less by 2009-10.

The Nova Scotia Comprehensive Tobacco

Strategy will help to achieve this target. This strategy addresses seven key components:

- taxation
- smoke-free places legislation
- treatment/cessation
- community-based programs
- youth prevention
- media awareness, and
- monitoring and evaluation.



Percentage of Youth (15-19 years) Who Smoke

One of Nova Scotia Health Promotion's core business areas is Tobacco Reduction. Tobacco reduction contributes to health and well-being. One measure of tobacco reduction is the percentage of youth (15 to 19 years) who smoke.

What Does the Measure Tell Us?

This measure describes the percentage of youth (aged 15 to 19 years) in Nova Scotia and Canada who smoke. Habits adopted during the teen years tend to be maintained well into adult life. Therefore, this measure informs us about smoking among young people and predicts adult smoking rates in the future. Preventing or limiting smoking among young people has important long term benefits such as reduced smoking among adults and the prevention of serious illness.

Change in Measure

The Canadian Tobacco Use Monitoring Survey (CTUMS) data has replaced the Canadian Community Health Survey (CCHS) data as CTUMS is: reported annually, used to monitor national progress, and included in the Federal/Provincial/Territorial Progress Report on Tobacco Control, and uses a narrower definition of youth (15-19 years) as compared to CCHS (12-19 years).

Where Are We Now?

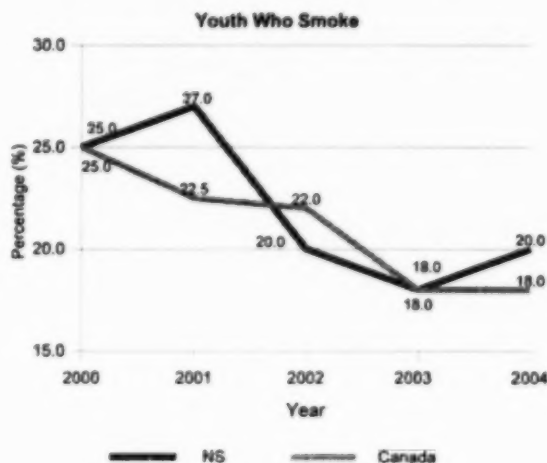
According to CTUMS, in 2004, 20% of Nova Scotia's youth (aged 15 to 19 years) smoked, compared to 25% in 2000. In Canada, the smoking rate in youth declined from 25% to 18%.

Where Do We Want to Be in the Future?

Nova Scotia aims to decrease the rate of smoking among Nova Scotia youth to the Canadian rate or less by 2009-10.

The Nova Scotia Comprehensive Tobacco Strategy will help to achieve this target. This strategy addresses seven key components:

- taxation
- smoke-free places legislation
- treatment/cessation
- community-based programs
- youth prevention
- media awareness, and
- monitoring and evaluation.



Percentage of Population Aged 15 and Over Who Smoke

One of Nova Scotia Health Promotion's core business areas is Tobacco Reduction. Work focused on tobacco reduction contributes to the health and well-being of Nova Scotians. One measure of tobacco reduction is the rate of smoking in the Nova Scotia population 15 years and older.

What Does the Measure Tell Us?

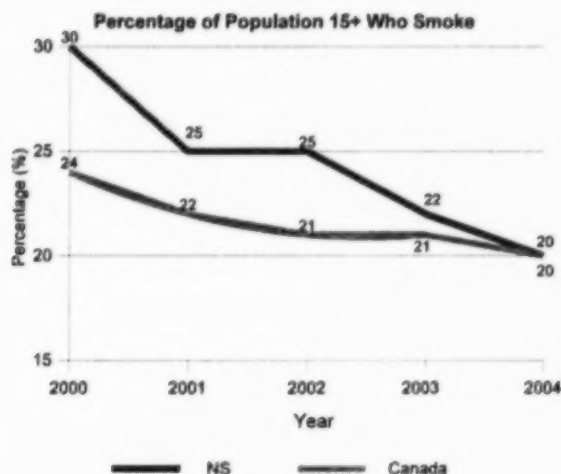
This measure describes the percentage of the population aged 15 and over who reported smoking at the time of the survey including daily and non-daily smoking in Nova Scotia and Canada. Smoking is the number one cause of preventable death and disability. High rates of smoking translate into high rates of chronic disease such as lung cancer, heart and respiratory disease.

Change in Measure

The Canadian Tobacco Use Monitoring Survey (CTUMS) data has replaced the Canadian Community Health Survey (CCHS) data because CTUMS is reported annually, used to monitor national progress, and included in the Federal/Provincial/Territorial Progress Report on Tobacco Control.

Where Are We Now?

According to CTUMS, in 2004, 20% of Nova Scotians 15 and over smoked, compared to 30% in 2000. In Canada, the smoking rate for the population of 15 and over dropped from 24% in 2000 to 20% in 2004. Nova Scotia has, in 2004, aligned its smoking rate with the national rate after several years of being above this national rate.



Where Do We Want to Be in the Future?

Nova Scotia aims to maintain and decrease the rate of smoking in the Nova Scotia population 15 years and over to be equal to or below the national rate by 2009-10.

The Nova Scotia Comprehensive Tobacco Strategy will help to achieve this target. This strategy addresses seven key components:

- taxation
- smoke-free places legislation
- treatment/cessation
- community-based programs
- youth prevention
- media awareness, and
- monitoring and evaluation.

Rate of Injury Related Deaths Due to Falls Among Seniors (Aged 65 and over)

One of Nova Scotia Health Promotion's core business areas is Injury Prevention. Injury prevention contributes to health and well-being. One measure of injury prevention is the rate of injury related deaths due to falls among seniors.

What Does This Measure Tell Us?

This measure describes the rate per 100,000 of Nova Scotians over age 65 who die as the result of a fall. It is a high level indicator of the overall long-term impact of the injury prevention strategy and specific efforts to address the issue of falls related injuries through the Nova Scotia Injury Prevention Strategy. The data used to calculate this measure are collected through Vital Statistics with analysis by the Department of Health.

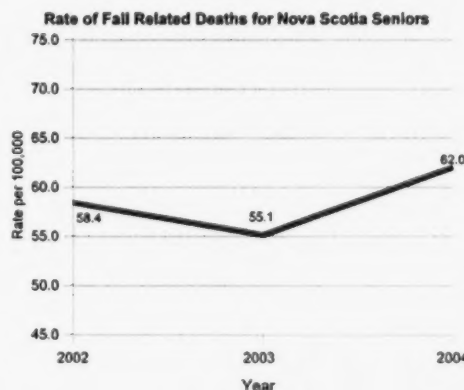
Falls among seniors are one of the most pressing health issues in Nova Scotia. Falls are a serious public health threat and the leading cause of injury among seniors. One in three seniors experiences a fall every year, a rate that increases to one in two for those over the age of 80. Falls cause more than 90% of all hip fractures in the elderly and 20% die within a year of the fracture. Families are often unable to provide care and 40% of all nursing home admissions occur as a result of falls by older people. Even without an injury, a fall can cause a loss in confidence and a curtailment of activities, which can lead to a decline in health and function and contribute to future falls with more serious outcomes. Nova Scotia's changing demographics have led to an urgency in addressing seniors falls, as growing numbers of older people with chronic health problems and disabilities are living longer lives.

Where Are We Now?

In 2002, the rate of fall related deaths per 100,000 for Nova Scotians over age 65 was 58.4 per 100,000. In 2003 it was 55.1, and in 2004 it was 61.97. At this time, it is too early to begin identifying any trends in the data. 2002-03 is the baseline year for monitoring progress toward a long-term outcome.

Where Do We Want To Be?

In keeping with the national injury prevention strategy and injury target reductions set in the Economic Burden of Unintentional Injury in Atlantic Canada Report, the target is to achieve a 20% reduction in the rate of fall related deaths in Nova Scotia by 2009-10. The growing body of evidence demonstrates not only the magnitude of the problem of falls among seniors but also the effectiveness of strategies proven to reduce fall risk. NSHP is leading the development and implementation of a comprehensive intersectoral strategy to address falls in Nova Scotia. Through this strategy, NSHP will unite the efforts of multiple departments and agencies to address this issue. Additionally, in 2004-05, NSHP made a



three-year funding commitment to the Community Links Preventing Falls Together initiative. Preventing Falls Together is developing a sustainable network of regional falls prevention coalitions. The regional coalitions work with seniors, care givers, health professionals, government, and other community organizations to develop falls prevention strategies that address the specific needs of their communities, following a community development model.

Rate of Injury Related Hospitalizations Due to Falls Among Seniors (Aged 65 and Over)

One of Nova Scotia Health Promotion's core business areas is Injury Prevention. Injury prevention contributes to health and well-being. One measure of injury prevention is the rate of injury related hospitalizations due to falls among seniors.

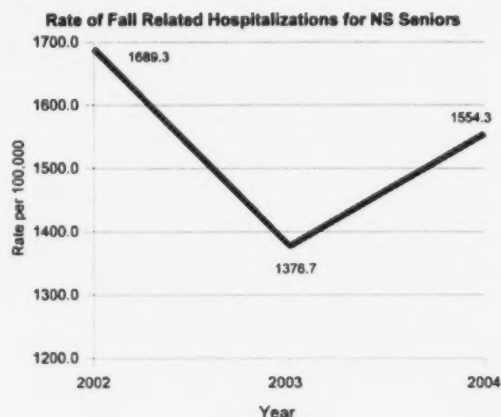
What Does This Measure Tell Us?

This measure describes the rate per 100,000 of those Nova Scotians over age 65, admitted to hospital as a result of a fall as collected through the Hospital Discharge Abstract Database (CIHI). It is a high level indicator of the overall long-term impact of the injury prevention strategy and specific efforts to address the issue of falls related injuries through the Nova Scotia Injury Prevention Strategy.

Falls among seniors are one of the most pressing health issues in Nova Scotia. Falls are a serious public health threat and the leading cause of injury among seniors. One in three seniors experiences a fall every year, a rate that increases to one in two for those over the age of 80. Falls cause more than 90% of all hip fractures in the elderly and 20% die within a year of the fracture. Families are often unable to provide care and 40% of all nursing home admissions occur as a result of falls by older people. Even without an injury, a fall can cause a loss in confidence and a curtailment of activities, which can lead to a decline in health and function and contribute to future falls with more serious outcomes. Nova Scotia's changing demographics have led to an urgency in addressing seniors falls, as growing numbers of older people with chronic health problems and disabilities are living longer lives.

Where Are We Now?

In 2002, the rate of fall related hospital admissions for Nova Scotians over age 65 was 1689.3 per 100,000. In 2003 it was 1376.7, and in 2004 it was 1554.3. At this time, it is too early to begin identifying any trends in the data. 2002-03 is the baseline year for monitoring progress toward a long-term outcome.



Where Do We Want To Be?

In keeping with the national injury prevention strategy and injury target reductions set in the Economic Burden of Unintentional Injury in Atlantic Canada Report, the goal is to achieve a 20% reduction in the rate of fall related hospital admissions in Nova Scotia by 2009-10. The growing body of evidence demonstrates not only the magnitude of the problem of falls among seniors but also the effectiveness of strategies proven to reduce fall risk. NSHP is leading the development and implementation of a comprehensive intersectoral strategy to address falls in Nova Scotia. Through this strategy, NSHP will unite the efforts of multiple departments and agencies to address this issue.

Additionally, in 2004-05, NSHP made a three-year funding commitment to the Community Links Preventing Falls Together initiative. Preventing Falls Together is developing a sustainable network of regional falls prevention coalitions. The regional coalitions work with seniors, care givers, health professionals, government, and other community organizations to develop falls prevention strategies that address the specific needs of their communities, following a community development model.

Rate of Suicides

One of Nova Scotia Health Promotion's core business areas is Injury Prevention. Injury prevention contributes to health and well-being. One measure of injury prevention is the rate of suicides.

What Does This Measure Tell Us?

This measure describes the rate per 100,000 of those Nova Scotians, who die as a result of suicide and is collected through the Vital Statistics with analysis by Department of Health.

It is a high level indicator of the overall long-term impact of the injury prevention strategy and specific efforts to address the issue of suicide through the Nova Scotia Injury Prevention Strategy. Suicide is a serious public health issue. Self-injury is the third leading cause of injury-related hospitalization and is the leading cause of injury-related death in Nova Scotia. Each year, approximately 100 Nova Scotians kill themselves and it is estimated that suicide costs Nova Scotians \$80-100 million per year in direct and indirect costs.

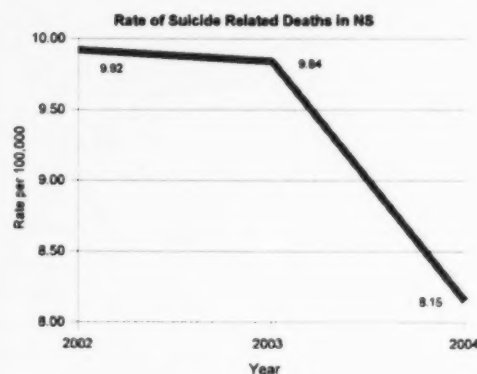
Where Are We Now?

In 2002, the rate per 100,000 of suicide related deaths in Nova Scotia was 9.92. In 2003, it was 9.84, and in 2004, it was 8.15. At this time, it is too early to begin identifying any trends in the data. 2002-03 is the base-line year for monitoring progress toward a long-term outcome.

Where Do We Want To Be?

The 2009-10 target will be finalized based on consultations with stakeholders as the suicide prevention strategic framework is developed.

Efforts are currently underway to develop a provincial, intersectoral strategy to address suicide and self-inflicted injury. This strategy will clearly identify a common vision, mission, and strategic directions for addressing suicide and self-inflicted injury across sectors.



Rate of Self-inflicted Injury Related Hospitalizations

One of Nova Scotia Health Promotion's core business areas is Injury Prevention. Injury prevention contributes to health and well-being. One measure of injury prevention is the rate of suicide-related hospitalizations.

What Does This Measure Tell Us?

This measure describes the rate per 100,000 of those Nova Scotians admitted to hospital as a result of a self-inflicted injury and is collected through the Vital Statistics with analysis by Department of Health.

It is a high level indicator of the overall long-term impact of the injury prevention strategy and specific efforts to address the issue of suicide through the Nova Scotia Injury Prevention Strategy. Self-injury is the third leading cause of injury-related hospitalization and is the leading cause of injury-related death in Nova Scotia.

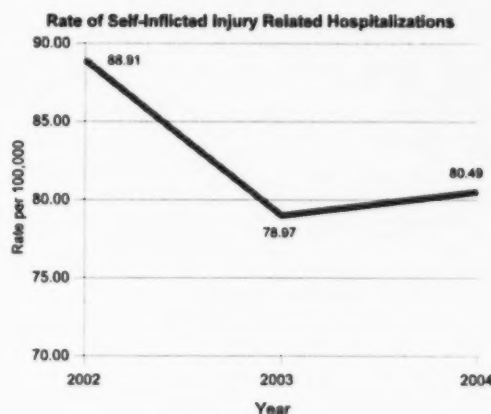
Where Are We Now?

In 2002, the rate of self-inflicted injury-related hospital admissions was 88.91. In 2003 it was 78.97, and in 2004 it was 80.49. At this time, it is too early to begin identifying any trends in the data. 2002-03 is the baseline year for monitoring progress toward a long-term outcome.

Where Do We Want To Be?

The 2009-10 target will be finalized based on consultations with stakeholders as the suicide prevention strategic framework is developed.

Efforts are currently underway to develop a provincial, intersectoral strategy to address suicide and self-inflicted injury. This strategy will clearly identify a common vision, mission, and strategic directions for addressing suicide and self-inflicted injury across sectors.



Rate of Transportation/Motor Vehicle Collision Injury Related Deaths

One of NSHP's core business areas is Injury Prevention. Injury prevention contributes to health and well-being. One measure of injury prevention is the rate of motor vehicle collision injury related deaths.

What Does This Measure Tell Us?

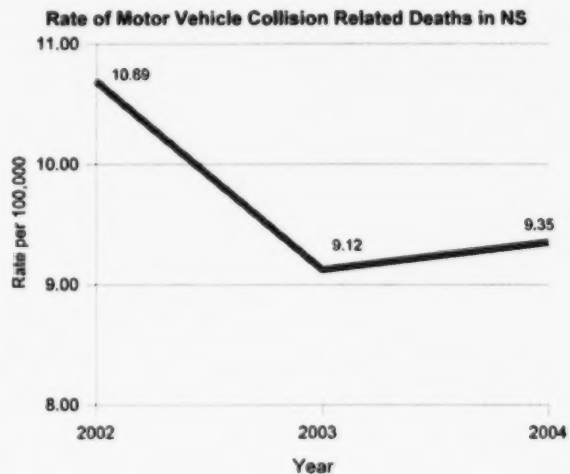
This measure describes the rate per 100,000 of those Nova Scotians who die as the result of motor vehicle collision as collected through Vital Statistics with analysis by the Department of Health. It is a high level indicator of the overall long-term impact of the injury prevention strategy and specific efforts to address the issue of motor vehicle collision injury related deaths. Motor vehicle collisions are a leading cause of death, hospitalization and disability in Nova Scotia and cost Nova Scotians more than \$74 million each year in direct and indirect costs.

Where Are We Now?

In 2002, the rate of motor vehicle collision injury-related deaths was 10.69. In 2003 it was 9.12, and in 2004 it was 9.35. At this time, it is too early to begin identifying any trends in the data. 2002-03 is the baseline year for monitoring progress toward a long-term outcome.

Where Do We Want To Be?

The goal is to achieve a 30% reduction in the rate of motor vehicle collision deaths in Nova Scotia from the baseline 2002-03 data by 2009-10. The 30% target was selected to be consistent with targets set by the provincial Road Safety Advisory Committee and identified by Road Safety Vision 2010 (Transport Canada).



The Road Safety Advisory Committee (RSAC) assists government in the development, implementation and evaluation of intersectoral road safety strategies related to drivers, vehicles and roadways. RSAC is composed of members from the Departments of Transportation and Public Works, Health Promotion, Service Nova Scotia and Municipal Relations, Justice and Health, Nova Scotia Safety Council, RCMP, Police Chiefs Association of Nova Scotia, Insurance Bureau of Canada and academic researchers. NSHP has been working in collaboration with TPW, the lead government agency for road safety in Nova Scotia, to achieve the goals outlined in Canada's Road Safety Vision 2010.

Rate of Motor Vehicle Collision Injury Related Hospital Admissions in for Nova Scotians

One of NSHP's core business areas is Injury Prevention. Injury prevention contributes to the health and well-being of Nova Scotians. One measure of injury prevention is the rate of motor vehicle collision injury related hospital admissions.

What Does this Measure Tell Us?

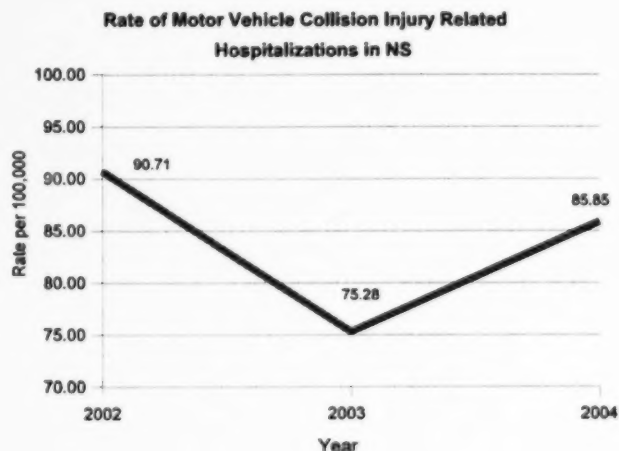
This measure describe the rate per 100,000 of those Nova Scotians who are admitted to hospital as a result of a motor vehicle collision as collected through as collected through the Hospital Discharge Abstract Database (CIHI). It is a high level indicator of the overall long-term impact of the injury prevention strategy and specific efforts to address the issue of motor vehicle collision injury related hospitalizations. Motor vehicle collisions are a leading cause of death, hospitalization and disability in Nova Scotia and cost Nova Scotians more than \$74 million each year in direct and indirect costs.

Where Are We Now?

In 2002, the rate of motor vehicle collision injury-related hospital admissions was 90.71. In 2003 it was 75.28, and in 2004 it was 85.85. At this time, it is too early to begin identifying any trends in the data. 2002-03 is the baseline year for monitoring progress toward a long-term outcome.

Where Do We Want to Be?

The goal is to achieve a 30% reduction in the rate of motor vehicle collision injury hospital admissions in Nova Scotia (baseline 2002-03) data) by 2009-10. The 30% target was selected to be consistent with targets set by the provincial Road Safety Advisory Committee and identified by Road Safety Vision 2010 (Transport Canada).



The Road Safety Advisory Committee (RSAC) assists government in the development, implementation and evaluation of intersectoral road safety strategies related to drivers, vehicles and roadways. RSAC is composed of members from the Departments of Transportation and Public Works, Health Promotion, Service Nova Scotia and Municipal Relations, Justice and Health, Nova Scotia Safety Council, RCMP, Police Chiefs Association of Nova Scotia, Insurance Bureau of Canada and academic researchers. NSHP has been working in collaboration with TPW, the lead government agency for road safety in Nova Scotia to achieve the goals outlined in Canada's Road Safety Vision 2010.

Rate of Problem Drinking

One of NSHP's core business areas is addiction prevention. Addiction prevention contributes to health and well-being. One measure of addiction prevention is the rate of problem drinking⁶.

What Does this Measure Tell Us?

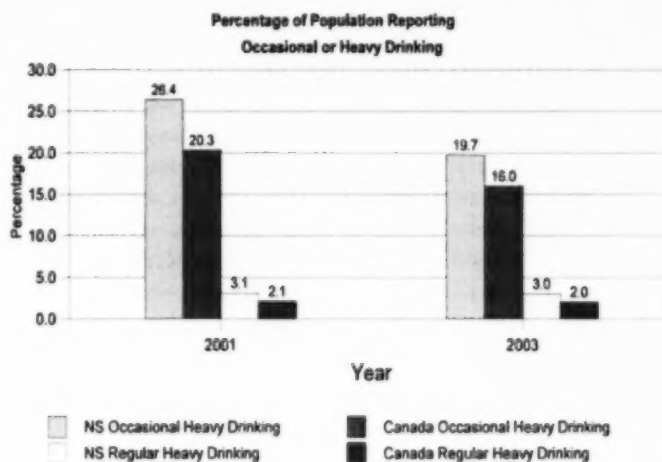
Using the CCHS, two indicators are used to determine the proportion of Nova Scotians who would be considered at risk for problems from their drinking. *Occasional heavy drinking* refers to the proportion of Nova Scotians who self-report consuming 5 or more standard drinks on a single occasion, at least once every month (or more) during the past 12 months. *Regular heavy drinking* refers to the proportion of Nova Scotians (including current, former and non-drinkers) who self-report exceeding 12 or more drinks per week.

Alcohol costs the Nova Scotian economy approximately \$240 million/year⁷. Alcohol plays a significant role in injury, suicide, hospitalization, violence, crime, chronic disease, and premature death. The Canadian Centre on Substance Abuse (CCSA) recently identified a cause-and-effect relationship between crime and substance abuse.⁸ The evidence is clear: problem drinking impacts negatively on health, crime, employment, rates of injury and disability, and relationships to others.

Where Are We Now?

Among those Nova Scotians reporting alcohol consumption in the 12 months prior to the CCHS 2001 survey, 26.4% self-reported occasional heavy drinking, a rate significantly higher than the national rate of 20.3%. Two years, later, in 2003, the rate of occasional heavy drinking among Nova Scotian drinkers dropped to 19.7%, a decrease of 6.7%.

Among Canadians who consumed alcohol in 2003, 16% reported occasional heavy



⁶ The term *problem drinking* refers to alcohol consumption that results in harms, consequences or problems.

⁷ Single E, Robson L, Xie X, Rehm J. (1996) The cost of substance abuse in Canada. Ottawa: Canadian Centre on Substance Abuse: 1996.

⁸ Pernanen, K, Cousineau, M., Brochu, S. & Sun, F. (2002). *Proportions of Crimes Associated with Alcohol and Other Drugs in Canada*. CCSA: <http://www.ccsa.ca/docs>. [accessed April 30, 2002].

drinking, a decrease of 4.3% from 2001. Regular heavy drinking rates were higher for Nova Scotians when compared to Canadian rates in 2001: 3.1% compared to 2.1%. Although the overall rate of regular heavy drinking declined in 2003, this rate remained higher among Nova Scotians than for all Canadians: 3.0% compared to 2.0%. The baseline information provided in the 2004-05 business plan was incorrect. The 2001 data is the correct baseline for these two indicators.

Where Do We Want to Be?

Nova Scotia aims to be at or below the national rate of problem drinking for these two indicators by 2009-10.

To achieve this target, NSHP is working with key stakeholders to develop a provincial alcohol strategy to reduce the harms and consequences related to harmful alcohol use. This strategy will embody the population health approach combined with targeted interventions, spanning prevention, early intervention and treatment, in consultation with a wide range of internal and external partners and stakeholders.

Further recent advances in Canadian addictions research, coupled with the need for an evidence-based alcohol strategy, have spurred NSHP to review and analyze four significant data sources in order to establish a more complete and detailed description of alcohol consumption patterns and harms among Nova Scotians. There are now indicators to describe the specific types of harms and consequences that Nova Scotians experience as a result of their own or another's drinking, such as self reports and scores from the Alcohol Use Disorders Identification Test (AUDIT). As well, definitions related to heavy drinking vary according to the data source, and there is a move toward standardizing these definitions. Both the availability of new indicators and the standardization of existing indicators will undoubtedly impact upon indicators utilized in future accountability reports.

Percentage of Adults with a Gambling Problem

One of Nova Scotia Health Promotion's core business areas is addiction prevention. Addiction prevention contributes to health and well-being. One measure of addiction prevention is rate of problem gambling.

What Does the Measure Tell Us?

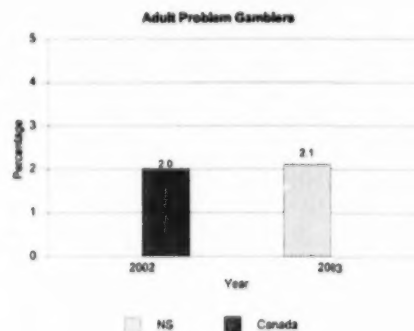
The Canadian Problem Gambling Index (CPGI) is the only instrument that is reliable and valid for measuring gambling prevalence in the general population. The CPGI classifies people as non gamblers, non problem gamblers, at risk gamblers or problem gamblers. Those scoring 3 or higher are considered to be problem gamblers, which means that they are experiencing adverse consequences from their gambling, and many have lost control of their behaviour. As of 2003, there were 15,000 problem and 35,000 at-risk gamblers in Nova Scotia. Problem gambling is associated with high rates of financial problems, marital discord, and mental health concerns.

Changes in Measures

The original baseline measures for problem gambling relied on the Canadian Community Health Survey (CCHS). At the time, this was the only data available that provided a recent Canadian baseline measure and Nova Scotia specific data. A limitation of the CCHS was the variance in the Nova Scotia specific data thereby requiring interpretation with caution. The Canadian baseline measure did not have this variance. In 2004, results of the 2003 Nova Scotia Gambling Prevalence Study were made available. A decision was made to replace the Nova Scotia data from the CCHS with the new prevalence data for better accuracy. The CCHS will continue to be used for Canadian data as this is the only Canada wide survey that was conducted for gambling. Like the Nova Scotia study, it uses the CPGI for measuring gambling prevalence. Therefore the baseline measure of 1.2% in 2002 as identified in the 2004-05 business plan is being replaced with the more accurate 2002 baseline measure of 2.1%.

Where are We Now?

In 2003, 2.1% of adults in Nova Scotia were classified as problem gamblers, compared to the 2002 national rate of 2.0%.



Where Do We Want to Be in the Future

Nova Scotia aims to be at or below the national rate for problem gambling by 2009-2010.

The development and implementation of the problem gambling strategy will help to achieve this outcome. Nova Scotia is in the process of implementing A Better Balance: Nova Scotia's First Gaming Strategy. There are seven components of the strategy that are the responsibility of NSHP:

- increasing problem gambling treatment resources
- early identification/intervention programs
- a treatment demonstration research project
- establishment of a comprehensive problem gambling strategy
- public awareness program
- targeted education programs (youth and seniors), and
- community-based prevention programs.

